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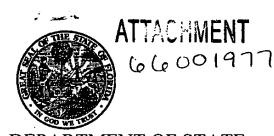
FILED Feb 21, 2006 8:00 am

2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED-HAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State ANNUAL REPORT 01-23-2006 90035 042 ***150.00 DOCUMENT # P05000082892 1. Entity Name DALE'S BAIL BONDS, INC. Principal Place of Business Mailing Address 66001977 318 NORTH TEXAS AVENUE 318 NORTH TEXAS AVENUE TAVARES, FL 32778 TAVARES, FL 32778 2. Principal Place of Business 3. Mailing Address CR2E034 (11/05) Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 City & State Applied For City & State Not Applicable Zio Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DELESLIN, DALE Street Address (P.O. Box Number is Not Acceptable) 318 NORTH TEXAS AVENUE TAVARES, FL 32778 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am lamiliar with, and accept SIGNATURE Signature, typed or printed name of regulated agent and little if applicable. (NOTE: Registered Agent algrature required when telestating) \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 C Deteta TIDE TITLE ☐ Change ☐ Addition DELESLIN, DALE MAME NUME STREET ADDRESS 318 NORTH TEXAS AVENUE STREET ADDRESS CITY-ST-ZP TAVARES, FL 32778 CITY-ST-ZIP ☐ Delata IME TITLE □ Change Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Ociate TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -Defeta TITLE ☐ Change Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7# CITY-ST-ZIP TIFLE Delete Addition TITLE ☐ Change MALE NAME STREET ACCIDESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby cartify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accuracy with all prime like empowered.



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2006

DALE"S BAIL BONDS, INC. 318 NORTH TEXAS AVENUE TAVARES, FL 32778

Subject: DALE'S BAIL BONDS, INC.

Reference Number: P05000082892

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need-further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC ANNUAL REPORTS SECTION